



AWARD NOMINATION FORM

Please use for the EXCELLENCE IN NURSING • NURSING RESEARCH • NURSING IMPACT
ON PUBLIC POLICY • NIGHTENGALE AWARD OF EXCELLENCE • FRIEND OF NURSING

Please print or type all information. Only completed nominations will be considered.

Name of the Award _____

Nominee's Name _____

Credentials (please abbreviate) _____

Home Address _____

City/State/Zip _____

Home Phone () _____

Employer's Name _____

Title/Position _____

Employer's Mailing Address _____

City/State/Zip _____

Business Phone () _____

Nomination Submitted by _____

Mailing Address _____

City/State/Zip _____

Day Phone () _____

Information attached: _____ Narrative Statement (detail contributions)

_____ Curriculum Vita
(except Friend of Nursing Award nominees)

_____ Two letters supporting nomination

Signature _____ Date _____

**Mail to: Oklahoma Nurses Association, 6414 N. Santa Fe, Suite A
Oklahoma City, Oklahoma 73116**

Deadline for submission of nominations is August 15